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CONFIRMATION NO. 5486

<b>SERIAL NUMBER</b> 10/588,463	<b>FILING OR 371(c) DATE</b> 08/23/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 07-2114-C	
<b>APPLICANTS</b> Stefan Vogelin, Auw, SWITZERLAND; Urs Stadelmann, Pfeffikon, SWITZERLAND;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CH06/00070 02/06/2006  <b>** FOREIGN APPLICATIONS *****</b> SWITZERLAND 638/05 04/07/2005  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/26/2007</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20306					
<b>TITLE</b> VALVE, IN PARTICULAR FOR A BREAST SHIELD SET					
<b>FILING FEE RECEIVED</b> 2392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		